# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

8285

**1. PLACE OF DEATH**

County ..... Registration District No. 707 File No. .....

Township ..... Primary Registration District No. 008 Registered No. 1934

City St. Louis (No. Enroute to Hosp. St. ..... Ward)

**2. FULL NAME** Jake Levy

(a) Residence. No. 4382 Forest Park St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl Le Grand

6. DATE OF BIRTH (MONTH, DAY AND YEAR): ab Nov 1899

7. AGE: ab Years 29 Months 2 Days unknown If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilna Russia

PARENTS

10. NAME OF FATHER: Samuel Levy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Sonia Wirklin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Miss Rose Levy
(Address) 2800 Thomas

15. FILED 11 1939 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 8 1939

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun shot of head

173 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Homicide

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm V Dever M.D.

2/11, 1939 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hevre Kedisha
DATE OF BURIAL: 2/11 1939

20. UNDERTAKER: H B Berger
ADDRESS: 4715 McPherson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.